

Abbey House Residential Care Home Care Home Service

Kinnordy
Kirriemuir
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Telephone: 01575 574 181

Type of inspection:
Unannounced

Completed on:
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Service provided by:
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CS2011304384

About the service

Abbey House Residential Care Home is a privately owned care home which is registered to provide care to a maximum of 15 older people.

The home is a traditional stone-built manor house sitting just outside Kirriemuir in rural Angus. It is surrounded by a large garden area and has views of the Angus glens.

About the inspection

This was an unannounced inspection which took place between 1 February to 3 February 2026. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 10 people using the service and eight of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals
- reviewed seven online staff surveys
- reviewed five online family surveys
- reviewed online survey from an external professional

Key messages

Staff were kind, caring and compassionate in their interactions

Staff knew people well, which supported person centred care

Falls management required some improvement.

Leaders provided clear direction and acted quickly when issues were identified

Some quality assurance processes required improvement

Referral and escalation routes for Adult Support and Protection requires strengthening

Staffing arrangements were effective, stable, and supported people to experience safe and responsive care

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where several strengths positively impacted outcomes for people and clearly outweighed areas for improvement. People experienced warm, timely and attentive support that promoted their wellbeing, comfort and quality of life.

Staff were kind, caring and compassionate in their interactions. People appeared relaxed and at ease, and we observed natural, warm relationships that contributed to emotional security and trust. One person told us, "I love everything about living here," and another said, "I'm very happy here... the staff are so nice and spoil me so much." This reflected the positive experiences we saw throughout the inspection.

Staff recognised when people needed reassurance and responded promptly. For example, when one person became distressed, staff gently offered support and provided comfort until they were settled. This supported people's emotional wellbeing.

Falls management required some improvement. Although a system was in place to report and monitor falls, and the manager used a falls cross for oversight, risk assessments were not always updated after incidents. We also found inconsistent completion of body maps to record bruising or injuries. Accurate, timely documentation helps identify patterns and ensures staff have up to date information to support prevention. The manager updated overdue risk assessments immediately when this was highlighted. (See Area for Improvement 1).

Medication was generally well managed, and people received their medicines at the right time. This supported stable health outcomes. However, some topical creams were not dated on opening. Without this, there is a risk creams may be used beyond their recommended period. Ensuring topical preparations are dated and included in audit processes will help maintain safe and consistent practice. (See Area for Improvement 2 in 'How good is our leadership' section).

Staff knew people well, which supported person centred care. Families confirmed this, with one relative telling us, "My loved one needed specific care during a difficult period and the staff delivered, it gave us peace of mind." This reassured families and demonstrated that care met people's needs and preferences.

People had access to meaningful activities that reflected their interests. They told us they enjoyed regular animal visits and music themed afternoons. Bird feeders outside windows encouraged engagement with the environment, and people enjoyed watching and helping to refill them. These opportunities supported stimulation, connection and enjoyment in day to day life.

People experienced choice and control in their daily routines. They told us they could decide when to get up, go to bed and how they spent their day. One person said, "I had a long lie today as I like it on a Sunday." This demonstrated respect for individual preferences and promoted independence.

People had good access to drinks, and staff regularly offered and promoted fluids. However, fluid charts were completed inconsistently and did not always provide accurate information. There was also no system to oversee whether appropriate action was taken when intake was low. The manager implemented an improved monitoring process during the inspection. (See Area for Improvement 2 in 'How good is our leadership' section).

People received the right healthcare at the right time. Staff escalated concerns promptly and followed professional advice. External professionals described the manager as "solution focused" and "approachable," which supported coordinated working and positive outcomes. Families told us they were kept informed about changes in health, which helped maintain confidence and reassurance.

Mealtimes were calm, relaxed and unhurried. Staff supported people respectfully and maintained dignity throughout. People on special diets received appropriate meals, and food presentation was consistently good. A relative said, "Even on a soft diet, the food always looks so nice and tasty." While one person preferred to order takeaways, others praised the quality of meals.

Areas for improvement

1. To support people's safety and ensure falls prevention measures are consistently applied, the provider should ensure that falls risk assessments are updated promptly after every fall, and that this is clearly recorded.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state:

"My care and support meets my needs and is right for me." (HSCS 1.19)

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths positively impacted outcomes for people and clearly outweighed areas for improvement.

Leaders provided clear direction and acted quickly when issues were identified. They listened to feedback and made improvements during the inspection, which supported safe outcomes for people. Although some changes were recently introduced and will require time to become fully embedded, they had not negatively affected people's experiences at the time of inspection.

Leadership visibility and communication were generally effective. Weekly flash meetings and regular team meetings helped staff stay up to date with changes and priorities. The manager planned to adjust the timing of flash meetings to attend more often, which should maintain visibility and support shared understanding. Staff told us they felt supported and worked well as a team, although a few said they would welcome more opportunities to engage with senior staff. Two relatives also told us, "the seniors are very capable," and it "would be good to see the manager more." While these views did not impact people's outcomes, they highlight an opportunity to continue strengthening leadership presence.

We identified a complex ongoing case that the service had been actively managing, and an Adult Support and Protection (ASP) referral had been made when concerns were first recognised. This supported timely multi agency involvement. As we discussed the case further, it became clear that there had at times been some uncertainty about the correct local referral routes. Leaders agreed to seek further advice from partner agencies to confirm pathways and recording expectations. This will help ensure concerns are escalated consistently and documented clearly. (See Area for Improvement 1).

Leaders also reinforced their responsibilities for submitting notifications to the Care Inspectorate. We identified some past inconsistencies, and we provided updated guidance to support improvement. Strengthening this process will help ensure that significant events are reported reliably and in line with requirements. (See Area for Improvement 1).

A range of audits and quality assurance systems were in place across the service. Some operated well and supported effective oversight. Others required strengthening to ensure consistency. For example, there had not been regular managerial checks of food and fluid charts, although this was recognised and an improvement was made during the inspection. The audit process did not include checks to ensure topical creams were dated when opened, and oversight of accident and incident records needed to be more robust. Care planning audits were also in place but required further development to effectively identify gaps and support improvements. Strengthening these systems will help ensure all aspects of care are monitored reliably and that any issues are identified and actioned promptly. (See Area for Improvement 2).

Areas for improvement

1. To support safe, coordinated multi agency working, the provider should ensure that Adult Support and Protection referral and escalation routes are clearly understood and that Care Inspectorate notifications are made consistently and in line with guidance. This will support safe decision making and reliable recording.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state:

"I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

2. The provider should strengthen its quality assurance systems to ensure consistent managerial oversight across key areas, including food and fluid monitoring, topical cream checks, accident and incident review, and care planning audits. This will help ensure that issues are identified promptly and that people experience safe and effective care.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state:

"My care and support meets my needs and is right for me." (HSCS 1.19)

"I benefit from a culture of continuous improvement, with robust and transparent quality assurance processes." (HSCS 4.19)

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staffing arrangements were effective, stable, and supported people to experience safe and responsive care. At the time of the inspection the home was fully staffed, and no agency workers were on shift. Although agency staff had been used recently to cover a vacancy, they had received an appropriate induction and were recruited in line with safer recruitment principles. Interviews were planned to fill the final night shift

vacancy, showing the provider was actively maintaining safe staffing levels. This helped ensure people experienced continuity of care and consistent support.

Staff were deployed well across the home. They were visible, calm and responsive, which contributed to positive outcomes for people. We observed supportive teamwork, with staff assisting each other during busier times. A staff member told us, "We are good at looking after the residents," which reflected the confidence and commitment we saw in practice. People told us staff responded quickly when they needed help. During our observations, staff responded promptly and sensitively, and people experienced good quality care as a result.

Staff had regular one to one supervision, which was recorded on an electronic system. This supported transparency, continuity and reflection on practice. Staff told us supervision helped them feel supported and enabled them to discuss training needs, challenges and improvements. This contributed to a culture of accountability and professional development.

Communication within the team was supported through weekly flash meetings and regular team meetings. Staff handovers were clear, person centred and focused on people's needs and priorities. This helped ensure care was consistent across shifts. The manager planned to adjust the timing of flash meetings to increase attendance, which should strengthen leadership visibility and support shared understanding across the team. Staff could also raise concerns through an electronic link that sent an alert directly to the manager, supporting timely escalation and responsiveness.

While these systems were generally effective, staff survey feedback showed a range of experiences. Several staff told us they felt part of a supportive team and valued good relationships with colleagues. Others said communication between senior staff and the wider team could improve, and a few expressed that they would welcome greater leadership visibility. Although these views did not affect the outcomes we observed for people, they indicate areas where the provider could strengthen internal communication and support staff engagement. Addressing these issues would help ensure staff feel fully involved and confident in the leadership of the service.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We found that the environment supported people's comfort, wellbeing and safety, with several good areas of practice. The home was clean, tidy and welcoming. People told us they enjoyed spending time in the spacious living room and the bright sunroom overlooking the fields. Several residents said the rural setting felt familiar and comforting, especially those with farming backgrounds. These features contributed to a homely and relaxed atmosphere.

The ground floor dining room had recently been redecorated and furnished with new chairs and seating. Family members told us they had noticed these improvements and appreciated the brighter, fresher space. People experiencing care had also helped choose the new wallpaper in the dining room, which showed they were involved in decisions about their environment and how shared spaces looked. The sun room had also been painted and there was a plan to replace some carpets.

People's bedrooms were clean, well maintained and personalised, which supported comfort and a sense of identity.

There were clear systems for maintaining the building and equipment. Weekly, monthly and annual checks were carried out, and staff understood their responsibilities. The environment appeared safe and well looked after, and equipment we saw was in good condition.

During the inspection, we noted two environmental safety issues. The hairdressing room was found unlocked with access to soap and chemicals, and the sluice room door was also unlocked. We raised both issues with the manager immediately, and action was taken. While we did not see any negative impact on people, it is important that potentially hazardous areas remain secure at all times to reduce risks to people.

The building is older and not purpose built, resulting in several small corridors and corners that can make getting about more difficult. We found the signage was limited. Improving dementia friendly signage would support people to move around more confidently and independently. We will follow this up at the next inspection.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths positively impacted outcomes for people and clearly outweighed areas for improvement.

Care plans were written in a respectful and dignified way and provided meaningful insight into people's lives, preferences and what mattered to them. They were generally up to date, person centred, and reflected people's wishes because individuals and their families had been involved in developing them. This supported care that was tailored and right for each person.

Care plans included relevant assessments, and reviews were current. Staff told us the information was helpful and supported them to understand people's needs. We observed that this contributed to consistent, safe and effective care.

Some risk assessments were not fully up to date; however, these were addressed promptly by the manager during the inspection. Key assessments, including those for pressure care, were in place. Where inaccuracies were identified, this linked to the need for stronger quality assurance checks, as noted under Key Question 2.2. Strengthening auditing processes will help ensure all care plan sections and the associated risk assessments remain accurate and consistently inform day to day practice. (See Area for Improvement 2 in 'How good is our leadership' Section).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people's health, wellbeing and safety, the service should ensure that any actions from health assessments are analysed by the leadership team, and any appropriate actions are identified and taken timeously. This should include but not limited to, accidents and incidents, referral to the dietician and food and fluid charts.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 4 September 2024.

Action taken since then

We were confident that referrals were being made timeously and this supported people's health and well being.

Fluid charts were completed inconsistently and did not always provide accurate information. There was also no system to oversee whether appropriate action was taken when intake was low. The manager implemented an improved monitoring process during the inspection.

Accidents and incidents required more robust leadership oversight to ensure appropriate follow up and managerial accountability. For example, several records we sampled had not been signed off by a senior member of staff, meaning there was no confirmation that actions had been reviewed, completed or evaluated for learning.

This area for improvement has only partly been met and we have made a new area for improvement to address the outstanding concerns. (See 'How good is our leadership' section).

Previous area for improvement 2

To support people's health and wellbeing, the provider should ensure care plans are written in a dignified manner and are up to date, to ensure people receive the care and support they require to meet their needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states:

'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 4 September 2024.

Action taken since then

There had been an overall improvement in the quality of care plans since the last inspection. Plans were consistently written in a respectful and dignified way and provided meaningful insight into people's lives, preferences and what mattered to them.

They were generally up to date, person centred, and reflected people's wishes because individuals and their families had been fully involved in shaping them. This supported care that was tailored, right for each person, and delivered in a way that promoted dignity and wellbeing.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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